	1122		(I D of Pu		SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	3412
DO NOT WRITE		AMENE		ء ا	Registration District No. Primary Registration District No. Registrat's No. 238 STATE FILE	NUMBER
ON THIS STUB		1 1	-		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It histitution	on: Residence before
VS 300 Rev. 4/59	AMENDED			I –	b. CITY (If guiside/corporate /imits, give TOWNSHIP anly) Length of stay in 1b c. CITY	Inside Limits
, ,	MEN				10WN Washington 12 VRS. 10WN Washington	Yes X No 🗆
20365	DATE A				c. FULL NAME OF (If NOT in hydrite give location) HOSPITAL OF INSTITUTION Transa Hosp. Yes & No ADDRESS 28 Use and Street Output Transa Hosp. Tran	Reside on Farm
3			† †	_	3. NAME OF DECEASED First Middle Last 4. DATE Month Day OF DEATH // 2.	0 19/0
40				-	5. SEX 6. COLOR OR RAGE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YE	
5 /				-10	19A1E (1)A11E - 3/21881 82 8 11	OE WHAT COUNTRY
6	§.			l	First most of working life, even if retired) Jun Farm Casco, Mo. U.	5. H.
7 D	Follow			1:	34. TATOER'S NAME 14. NAME OF HUSBAND OR W	TIFE OF A PLAN
8 /	AS F			Ţ	WAS DECEASED EVER IN U.S. ARMED FORCES? LIA SOCIAL SECURITY NO. 17 INFORMANT Address YESTAN Oppynknown)! (If yes, give yes, or dates)	A Company
9610X	ARE ,		_	<u> </u>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
10	- 1		AEN	i i	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9)	ONSET AND DEATH
11	RECORD EAD OF		100	I		- 2
12 2-0	დ ⊡			l	Conditions, if any, which gave rise to above cause (a).	(······
13500			H		stating the under- lying cause last.) DUE TO (c) frostate happing of barries.	<u>·</u>
	S ON			NOIL	Made ordered by march Ward, policional.	gnancy in last 90 days
				TEIC	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PAR	No Unknown
	AMENDMENT			CER	PERFORMED?	
y Z	AME			DICA	20c. TIME OF Houl Month, Day, Year INJURY a.m.	
K INK RIBBON				W	20d. INJURY OCCURRED AND AND AND AND AND AND AND AND AND AN	STATE
BLACK OR SITER R	READ			1	21. I alleitued irie decosed from	23/67
a ⊠ X					Death occurred at	ne causes stated.
USE BLACY OR TYPEWRITER	SHOULD		 TOF		220. SIGNATURE ichael 1. Weffrech, W. B. 22b. ADDRESS Hoshing love, Mo	11/25/63
	o S		FFIDA	23	38. BYRIAL, CREMATION, 23b. DATE 230-NAME OF CEMETERY OR COUNTY) 23d. LOCATION (City, 1944, or county)	v Mo.
	ITEM		BY A	17/	FUNERAL DIRECTOR ADDRESS Washington, 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	idnam.
		. '	. ,	~~	(Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

1.

by		•	· -	, Student Embalmer No
king under my pers	onal supervision.	·		P 1 115/21
dent			Signed	ester H. Vitt
Sign	ature of Student Embaln	ner		3254
				Licensed Embalmer No.
				P. O. Ad Allanger

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.